

# Dangerous Mentally Ill Offender Program

## **BACKGROUND**

In 1999 the legislature enacted the Dangerous Mentally Ill Offender (DMIO) statute [mental health provisions codified as RCW 71.24.470 <sup>1</sup> and additional provisions related to liability limitation added in 2002 as RCW 71.24.480 <sup>2</sup>. The statute is intended to help provide improved public safety and additional mental health treatment for dangerous mentally ill and chemically dependent offenders. Primary components include the identification of dangerous mentally ill offenders being released from Department of Corrections (DOC) facilities, pre-release planning by inter-agency teams and additional funds for services to these offenders at approximately \$10,000 per person annually for up to five years.

## **STATUS**

Since 2000 over 384 persons have been identified as dangerous mentally ill offenders by the DMIO Statewide Review Committee. The Committee is co-chaired by the Mental Health Division (MHD) and the Department of Corrections with representation from Regional Support Networks, mental health and chemical dependency providers and law enforcement. While participation is voluntary most persons selected agree to participate to at least some degree. Pre-release community care planning is a collaborative process that includes representatives from mental health, corrections, alcohol and drug treatment, developmental disabilities, and law enforcement working together to insure that program participants are provided mental health, substance abuse treatment, and other needed services in the community. Funds are provided through contracts with Regional Support Networks and community mental health providers.

A recent legislatively mandated study <sup>3</sup> of the DMIO program found:

**Reduced recidivism:** Fewer DMIOs (33.5 percent) were reconvicted for a new offense (felony or misdemeanor) compared with Community Transition Study (CTS) subjects (52.6 percent) and fewer DMIO participants (13.9 percent) were reconvicted of felonies (27.6 percent).

**Quicker access to services:** DMIOs usually began receiving services immediately upon release: 59 percent of DMIOs were seen within one week of prison release compared to 14 percent of CTS subjects, and the average time to first service after release was two weeks for DMIOs versus six months for CTS subjects

**More intensive services:** Steady community mental health treatment (nine or more months in the first year) was provided to 76 percent of DMIOs compared with 15 percent of CTS subjects, averaging nine and 2.5 billed hours per month of service, respectively.

**Increased access to substance abuse treatment.** In the first year after release 53, percent of DMIOs received substance abuse treatment compared with 19 percent of comparison group subjects.

**Increased access to financial & medical assistance:** Among DMIO participants, 72 percent received state General Assistance–Unemployed (GAU) payments during the first year compared with 41 percent of comparison group subjects, with an average wait of 26 versus 54 days, respectively. Among DMIO participants, 92 percent were ruled eligible for state assistance programs, of whom 86 percent established Medicaid eligibility, usually with no delays.

<sup>1</sup> RCW 71.24.470 <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.24.470>

<sup>2</sup> RCW 71.24.480 <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.24.480>

<sup>3</sup> Washington Institute of Public Policy Report <http://www.wsipp.wa.gov/rptfiles/05-03-1901.pdf>